

IN PATIENTS WITH CROHN'S DISEASE MONITORING OF USTEKINUMAB LEVELS DURING INDUCTION CAN IDENTIFY EARLY INADEQUATE RESPONSE

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A retrospective study of 76 Crohn disease patients found that higher ustekinumab serum concentrations at weeks 4 and 8 during induction were associated with biochemical remission at week 16.

KEY POINTS

- All patients with baseline fecal calprotectin greater than 250 mg/g received intravenous induction followed by subcutaneous maintenance ustekinumab therapy, with biochemical remission defined as calprotectin decreased by more than 80 percent or absolute value less than 200 mg/g at week 16.
- Biochemical remission was achieved in 41.3 percent (26 of 63) of patients by week 16, while 51 percent had a Harvey-Bradshaw Index less than 2.
- Median ustekinumab serum concentrations were 20.9 µg/mL at week 4, 10.1 µg/mL at week 8, and 4.1 µg/mL at week 16.
- All patients in the highest quartile of ustekinumab concentration at week 4 and 66 percent at week 8 achieved biochemical remission by week 16 (p equals 0.05 and p less than 0.02, respectively).
- The authors suggest that ustekinumab serum concentrations measured at weeks 4 and 8 could stratify patients by probability of achieving remission and guide treatment optimization.

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